

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814

November 7, 1994

ALL COUNTY INFORMATION NOTICE I-41-94

TO: ALL COUNTY WELFARE DIRECTORS
ALL CHIEF INVESTIGATORSREASON FOR THIS TRANSMITTAL

- ☒ State Law Change
- ☐ Federal Law or Regulation Change
- ☐ Court Order or Settlement Agreement
- ☐ Clarification Requested by One or More Counties
- ☐ Initiated by CDSS

SUBJECT: UNITED STATES RESIDENCY PILOT PROJECT

Residency in California is an absolute element of eligibility required to receive welfare and health benefits from the State of California. The California Department of Social Services (CDSS) and the California Department of Health Services (CDHS) are currently conducting a pilot project to prevent nonresidents of the United States (US) from receiving California public assistance benefits.

The state legislature authorized the CDSS and CDHS to station teams at the international ports of entry in Imperial and San Diego Counties to take referrals from the Immigration and Naturalization Services (INS). The persons referred are non-US residents who are suspected by INS of crossing the border to receive cash and medical services in California.

The CDSS/CDHS team will match the identification of any nonresident referred by INS against the Medi-Cal Eligibility Data System (MEDS). If the MEDS match identifies the nonresident as receiving AFDC or Food Stamps, a fraud referral form (see attached) will be prepared by the team and sent through a US Residency Project Manager to the counties in which the benefits are, or have been, paid.

If the county receiving the referral determines that AFDC or Food Stamp benefits have been received by a nonresident, it should take appropriate action, including: discontinue aid, calculate overpayment or overissuance, mail request for restitution to nonresident's out-of-state address, refer case for prosecution, establish intentional program violation, etc. Once the appropriate action has been taken, the county should complete the fraud referral form and return it to the US Residency Project Manager (see instructions).

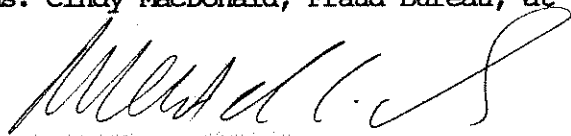
The Border Crossing Project staff are budgeted on a limited term basis. We need your close support and cooperation in processing these cases to determine if the project is cost-beneficial and should be continued permanently. Therefore, it is essential you assign these cases on a priority basis and return the completed referral forms. In addition, the department's own investigation unit will be working a small random sample of these cases to assist in validating this project.

ACL, US Residency Pilot Project
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To assist us in carrying out the US Residency Project, please appoint a County Project Manager for this project and provide us his/her name, address and telephone number by December 1, 1994, to:

Mr. Charles Mahin, Special Consultant
California Department of Social Services
Fraud Bureau
744 P Street, MS 19-26
Sacramento, CA 95814

If you have any questions regarding this project, please contact Mr. Charles Mahin at (916) 323-4747 or Ms. Cindy MacDonald, Fraud Bureau, at (916) 445-2232.



MICHAEL C. GENEST
Deputy Director
Welfare Programs Division

Attachments

**INSTRUCTIONS FOR COMPLETING US RESIDENCY
BORDER PROJECT FRAUD REFERRAL FORM**

1. The border team will complete section "A" and attach all signed statements, declarations and copies of documents obtained from the clients to the referral form and forward the packet to the project managers in San Diego or Imperial County.
2. Project managers will mail referral packets to the county coordinators in the appropriate counties.
3. Counties receiving the referrals will conduct their own investigations, take appropriate actions, and complete sections "B" and "C" on the referral form.
4. The completed referral form must then be returned to the initiating project manager within 10 days.

US RESIDENCY BORDER PROJECT FRAUD INVESTIGATION REFERRAL FORM**A. Border Team Worker Should Complete The Following Section, Then Send to County Project Manager**

Client Name (Last, First, Middle)	Case Number	Social Security Number	Date of Birth
Street Address	City, County or State	Zip Code	Telephone
Check All Appropriate Programs: Must Have AFDC or FS Component		Current Case Status:	
<input type="checkbox"/> AFDC <input type="checkbox"/> FS <input type="checkbox"/> GA <input type="checkbox"/> Medi-Cal		<input type="checkbox"/> Pending Application <input type="checkbox"/> Pending Recertification <input type="checkbox"/> Open	
Case Discrepancies Found - Provide Specific Information Regarding Allegation			
<input type="checkbox"/> Household composition <input type="checkbox"/> Income <input type="checkbox"/> None <input type="checkbox"/> Absent Parent <input type="checkbox"/> Assets <input type="checkbox"/> Residence <input type="checkbox"/> Other			
Team Worker Name	Border Entry Station <input type="checkbox"/> San Diego <input type="checkbox"/> Imperial	Phone Number	Date
		Household Composition # Adults # Children	

B. County Investigator Should Complete The Following Section, Retain A Copy, and Return Original To The County Eligibility Worker

Investigator Name:	Date Assigned	Date Completed	Time Spent (Days)
Case Discrepancies Found			
<input type="checkbox"/> Household composition <input type="checkbox"/> Income <input type="checkbox"/> None <input type="checkbox"/> Absent Parent <input type="checkbox"/> Assets <input type="checkbox"/> Residence <input type="checkbox"/> Other			
Remarks:			
Investigator Signature	Phone #	Date	

C. Complete The Following Section And Return To:
☐ San Diego County Program Assistant
1255 Imperial Ave., Rm. 72B
San Diego, CA 92101

☐ Imperial County Project Manager
P.O. Box 930
El Centro, CA 92244

Agency Action: Check All Appropriate Boxes and Attach Copy of Case Action Notice.

		AFDC	FS	GA	MC
<u>Pending file</u>					
<input type="checkbox"/> Case Approved	Potential Grant	\$ _____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Case Reduced	Actual Grant	\$ _____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Case Denied		\$ _____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Client Withdrawal					
<u>Open Case</u>					
<input type="checkbox"/> Case Unchanged	Prior Grant	\$ _____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Case Reduced	Actual Grant	\$ _____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Case Terminated		\$ _____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Client Withdrawal					
<u>Pending file</u>					
<input type="checkbox"/> Overpayment	Estimated	\$ _____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Disqualification	Date & Length	\$ _____	\$ _____	\$ _____	\$ _____

County Eligibility Worker Signature _____ Phone _____ Date _____